



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

| | | | |
|--|--|---|--|
| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER Criminal Case No. 04-10345-NMG | |
| DEFENDANT MOHAMMED ABDUL AZIZ QURAISHI | | TYPE OF PROCESS Preliminary Order of Forfeiture | |
| SERVE AT | Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize: Assessor's Office | | |
| | Address (Street or RFD / Apt. # / City, State, and Zip Code): Town Hall, 801 Washington Street, Canton, MA 02021 | | |
| Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210 | | Number Of Process To Be Served In This Case. | |
| | | Number Of Parties To Be Served In This Case. | |
| | | Check Box If Service Is On USA | |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) | | | |
| <p>Please serve the attached Preliminary Order of Forfeiture upon the above-referenced institution by certified mail, return receipt requested.</p> <p style="text-align: right;">KAB x3294</p> | | | |
| Signature of Attorney or other Originator requesting service on behalf of <i>[Signature]</i> | | <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | Telephone No. (617) 748-3100 |
| SIGNATURE OF PERSON ACCEPTING PROCESS: <i>[Signature]</i> | | Date March 27, 2006 | |
| SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY | | | |
| I acknowledge receipt for the Total # of Process indicated. <input type="checkbox"/> | District of Origin No. <input type="checkbox"/> | District to Serve No. <input type="checkbox"/> | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <i>[Signature]</i> |
| I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below. | | | |
| [] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE. | | | |
| NAME & TITLE of Individual Served If not shown above: | | <input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode. | |
| ADDRESS: (Complete only if different than shown above.) | | Date of Service <i>Please See Remarks</i> | Time of Service [] AM [] PM |
| | | Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer | |
| REMARKS: | | U.S. Customs and Border Protection | |
| Preliminary Order served as directed above by certified mail number 7001 2510 0003 4299 9295. Copy of Postal receipt attached showing receipt on 6/2/06. | | | |

TD F 90-22.48 (6/96)

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

| | |
|---|----|
| OFFICIAL USE ONLY | |
| Postage | \$ |
| Certified Fee | \$ |
| Return Receipt Fee (Endorsement Required) | \$ |
| Restricted Delivery Fee (Endorsement Required) | \$ |
| Total Postage & Fees | \$ |

JOHN F. KENNEDY LIBRARY
BOSTON, MASS.
JUN 01 2006
Postmark

Sent To **Assessor's Office**
Street, Apt. No.; Town Hall
or PO Box No. 801 Washington St.
City, State, ZIP+4 Canton, MA 02021

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Assessor's Office
Town Hall
801 Washington St.
Canton, MA 02021

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elmo Kalfay* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

| | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from) **7001 2510 0003 4299 9295**